

**Family Child Care Home Certification Inspection Instrument Worksheet 1
Child Care Staff Data Sheet (Renewal)**



Facility:	Name:	Name:	Name:	Name:
PCID:	(Circle One) Operator Household Member Staff Person Volunteer	(Circle One) Operator Household Member Staff Person Volunteer	(Circle One) Operator Household Member Staff Person Volunteer	(Circle One) Operator Household Member Staff Person Volunteer
Inspection Date:	Work Hours:	Work Hours:	Work Hours:	Work Hours:
Certification Rep:	Room/Location:	Room/Location:	Room/Location:	Room/Location:
Date of Hire / First day caring for children				
Date of birth §3290.31(a)(1): operator §3290.31(b)(d): staff §3290.31(c): volunteer				
Employee address in record §3290.192(1)	Y N	Y N	Y N	Y N
Out of State Clearances Required? <i>Required if resided outside of PA w/in past 60 months. If yes, see Out of State Addendum.</i>	Y N	Y N	Y N	Y N
Requested Clearance Tracking, if applicable	*Complete requested section only if staff was hired provisionally during previous year			
Date: fingerprinted for DHS FBI or State Police requested (whichever is incomplete)				
Date: NSOR Requested				
45-day provisional hire end date				
Suspend date / Return date				
Received PA Clearance Tracking	PREVIOUS	CURRENT	PREVIOUS	CURRENT
Date: State Police Clearance				
Date: Child Abuse Clearance				
Date: DHS FBI Clearance				
Date: NSOR Certificate				
Date: Disclosure statement				
Additional Required Paperwork				
Date: Health assessment §3290.192(2)/ §3290.151(a)(2)/ §3290.151(c)(1)(3-5)				
Mantoux test read/results (circle one) §3290.192(2)/ §3290.151(c)(2)	POS Date:	NEG	POS Date:	NEG
Signature of MD/CRNP/PA §3290.151(b)	Y N	Y N	Y N	Y N
Proof HS Diploma/GED §3290.31(a)(2)				
90 Day Pre-service Trainings: §2390.18 <i>completed prior to working alone with children</i>	PREVIOUS	CURRENT	PREVIOUS	CURRENT
Date: Pediatric first-aid / CPR training §3290.31(f)(4)(i)/ §3290.31(g)(10) <i>*Approved training and PQAS instructor</i>				
Date: Mandated reporter training §3290.32(a)				
Date: Health and Safety (CCDBG) training §3290.31(g-i)				
Date: Health and Safety (CCDBG) Update, <i>if applicable</i> §3290.18				
Annual requirements	PREVIOUS	CURRENT	PREVIOUS	CURRENT
Date: Emergency plan training §3290.24(c) Volunteers : §3290.18 <i>at hire, annually, & time of update</i>				
Date: Water safety training <i>if applicable</i> §3290.31(f)(4)(iii)/ §3290.115(a)(8)				
12 hours of annual PD §3290.31(f)/ §3290.192(4)	Y N	Y N	Y N	Y N

§ 3290.32(a) / § 3290.192(3)

Out of State Clearances	Name:		Name:		Name:		Name:	
Date of Hire / First day caring for children								
State(s) resided within past 60 months								
Requested Out of State Clearance Tracking, if applicable	*Complete this section only if staff was hired provisionally during previous year							
Date: Out of State Sex Offender Registry Request								
Date: Out of State Criminal History Request								
Date: Out of State Child Abuse & Neglect Registry Request								
Received Out of State Clearance Tracking								
Date: Out of State Sex Offender Registry								
Date: Out of State Criminal History								
Date: Out of State Child Abuse & Neglect Registry								
Note: Some states may not require a separate clearance for each requirement.								